



MONTANA
CANCER CONTROL
COALITION

Working together...



Montana Comprehensive Cancer Control Plan 2008 Annual Report

“Hope

is a spiritual resource when possibilities seem dim. Hope becomes reality when colorectal cancer is detected early through screening, bringing a chance to survive this devastating disease.”

- Sue Warren,

MTCCC Co-Chair and Advocate

Recipient of the 2008 Bette Bohlinger
Leadership Award



Did you know...

- Colorectal cancer is the third most common cause of cancer deaths in Montana?
- Colon cancer starts with growths that can be removed before they become cancerous?
- Only 53% of all Montanans aged 50+ had a sigmoidoscopy or colonoscopy in 2006?

Who

In 2003, a highly diverse group of individuals and organizations came together to develop the five-year Montana Comprehensive Cancer Control Plan, from which the Montana Cancer Control Coalition (MTCCC) was formed. Through broad, statewide public involvement, Coalition members work to reduce cancer incidence, morbidity, and mortality for Montanans. Utilizing a coordinated and integrated approach to controlling cancer, the MTCCC strives to ensure better quality of life and enhance the odds of survivorship through prevention, early detection, and state-of-the-art cancer care.

How

The MTCCC is in the third implementation year of the CCC Plan. Concerned stakeholders from throughout Montana have come together to address issues across the cancer continuum from prevention and early detection to treatment and survivorship. The objectives are far-reaching and complex. The CCC Plan is a living document that represents Montana's determination to prevent and control cancer.

What

The Montana CCC Plan is a guide for achieving the following overarching goals:

1. Prevent the incidence of cancer by reducing risk factors.
2. Detect cancer at the earliest stage possible.
3. Promote access to quality, comprehensive cancer care.
4. Optimize the quality of life and survivorship for those affected by cancer.
5. Support research to improve cancer control.
6. Monitor, disseminate, and utilize cancer data while improving the consistency, coordination, and compliance of reporting and surveillance.
7. Monitor, document, and eliminate disparities across the cancer continuum.
8. Develop and support policies and initiatives that enable cancer control.

Top Cancer Sites: Montana Women		
2006	Cancer Cases	Cancer Deaths
Total Number	2,164	917
Breast	29%	12%
Lung/Bronchus	15%	26%
Colorectal	10%	11%
Uterine corpus	4%	3%

Top Cancer Sites: Montana Men		
2006	Cancer Cases	Cancer Deaths
Total Number	2,298	1,023
Prostate	33%	13%
Lung/Bronchus	13%	28%
Colorectal	11%	10%
Urinary bladder	6%	3%

Data Source: Montana Central Tumor Registry (MCTR)



*I have heard **there are troubles** of more than one kind.
Some come from ahead and **some come from behind.**
But I've brought a big bat. **I'm all ready you see.**
Now my troubles are going to have troubles with me*

- Dr. Seuss: *I Had Trouble in Getting to Solla Sollew*

2008 - 2009 Focus: Impacting Colorectal Cancer

Colon cancer can be prevented.

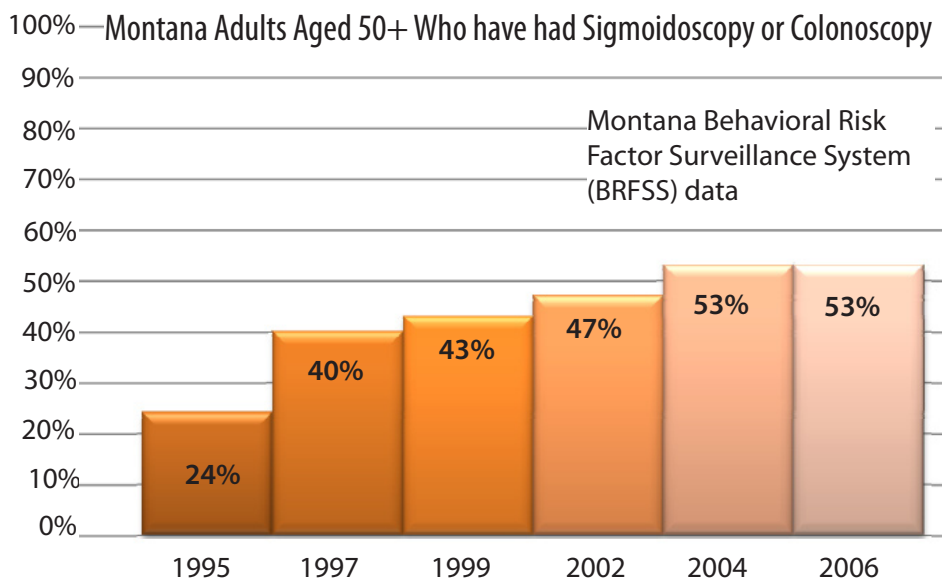
Men and women of average risk should begin Colorectal Cancer Screening at age 50. Most colorectal cancers start as non-cancerous growths in the lining of the colon or rectum. Testing often finds these polyps, which allows them to be removed before they have the chance to turn into cancer.

Screening and early detection can substantially reduce the number of deaths from colorectal cancer.

Colorectal cancer is the third most common reportable cancer diagnosed in Montana. Screening can result in early detection of colorectal cancer, when it is still highly curable. Montana Central Tumor Registry (MCTR) data reveals that approximately 216 women and 253 men were diagnosed with colorectal cancer in 2006. As a result of their colorectal cancer, 101 women and 102 men died in 2006.

Colorectal screening is recommended for everyone over age 50.

Although nearly 80 percent of women aged 50+ reported having had a mammogram within the past two years, just 53 percent of adults 50+ reported being screened for colorectal cancer. In 2006, public health literature indicates that there are several barriers to colonoscopy: lack of provider encouragement; lack of awareness that the screening is necessary; fear of the procedure; cost (or no insurance coverage); and lack of access to screening services.



We must overcome the barriers to colorectal cancer screening so that all Montanans can take the steps needed to protect their health.

Colorectal cancer is the 3rd most commonly diagnosed cancer in Montana as well as the 3rd most common cause of cancer deaths.



Make a Difference!

- **Get involved** with the Montana Cancer Control Coalition (MTCCC) and comprehensive cancer control activities in your community.
- **Talk to your community, state, and national lawmakers** about cancer issues.
- **Support funding** for Montana Comprehensive Cancer Control Plan implementation activities.
- **Remain informed** on cancer control issues.
- **Get screened!** If you are age 50 or older, talk to your healthcare provider about your colorectal cancer screening options.



For more information...

...or to request a copy of the complete Montana CCC Plan, contact:

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The Montana Comprehensive Cancer Control Plan
and related information are available online at:

www.cancer.mt.gov

MONTANA COMPREHENSIVE CANCER CONTROL PLAN

2008 Annual Report

Credits

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Montana's Comprehensive Cancer Control Plan: Progress Highlights

This report reflects some of the progress made on the Montana Comprehensive Cancer Control Plan between July 1, 2007 and June 30, 2008. Although we cannot report all successes achieved statewide, this highlights some of the progress made.



Prevention

- Youth smoking decreased to 17% in 2006, down from 19% in 2004 (Prevention Needs Assessment).
- 90% of indoor work sites had formal policies prohibiting smoking in 2006, up from 83% in 2005 (Adult Tobacco Survey).
- Calls to the Quit Line increased from an average of 400 per month in 2007 to 800 per month in 2008 (Montana Tobacco Use Prevention Program). This is partially the result of continuous media advertising and the addition of Chantix (a prescription medication to help adults quit smoking) to Quit Line benefits.



Early Detection

- The Montana Breast and Cervical Health Program (MBCHP):
 - Has performed 27,420 mammograms and 19,702 pap tests during its 11 years of existence.
 - 25% of the women who received screening services had "never" or "rarely" been screened for cervical cancer.
 - Provided rescreening for the 60% of eligible women (ages 50 - 64) who returned in program year 2007 - 2008.
 - Screened 4,534 women for breast and or cervical cancer; 710 were American Indian.
 - Performed more than 1,100 Pap tests for women between the ages of 30 and 50, the age that presents the greatest risk for cervical cancer.
- The Montana Disability and Health Program secured a grant to implement the *Right to Know* campaign. This social marketing campaign was developed to improve knowledge and awareness of the importance of mammography, breast health screening and exams among women with physical disabilities.



Treatment

- The American College of Surgeons' Commission on Cancer (CoC) has approved five cancer treatment centers because they met specific standards for high quality cancer care, up from three centers in 2003. These centers include: Benefis Healthcare in Great Falls; St. Patrick Hospital and Health Sciences in Missoula; St. Peter's Hospital in Helena; Deaconess Billings Clinic; and St. Vincent Healthcare in Billings.
- The *Cancer Family Network of Montana* developed a forum where cancer care professionals can share information and resources with families via e-mail and the internet.



Research

- The number of Montanans who participated in National Cancer Institute clinical trials increased from 184 in 2003 to 216 in 2007.
- The Montana Cancer Institute Foundation (MCIF), founded in 2006, is a joint venture between the University of Montana and St. Patrick Hospital and Health Sciences Center in Missoula. MCIF links cancer research with state-of-the-art cancer treatments. MCIF has ongoing clinical trials and is involved in a project to determine how genetic factors may affect the way Native American people respond to cancer medications.



Quality of Life and Survivorship

- The MTCCC Quality of Life and Survivorship Implementation Team wrote a Cancer Patient Rights and Responsibilities Document for proposal to and resolution by the 2009 Legislature.
- The Montana Pain Initiative successfully directed the Pain Practice Improvement Program for 13 rural hospitals, long-term care facilities and home health agencies.



Data, Registry and Surveillance

- The Montana Central Tumor Registry (MCTR) attained the North American Association of Central Cancer Registries Gold Standard for the third consecutive year, in recognition of complete, accurate and timely data.
- The Montana Comprehensive Cancer Control Program (MCCCP) recently conducted a statewide survey of facilities to determine screening colonoscopy capacity. Results indicate unused colonoscopy capacity in most rural areas that could help meet increased demand for colonoscopy screening in Montana.



Advocacy

- In 2007, MTCCC members donated \$122,137 in time, travel expenses, goods, and services in the effort to successfully implement the CCC Plan.
- The MCCCP implemented 13 regional Comprehensive Cancer Control programs in local health departments, which are building local capacity to implement the CCC Plan.

The Montana Cancer Control Coalition acknowledges and thanks its many volunteers, partners, and supporters. Progress on CCC Plan implementation is the direct result of donated time, expertise, and resources. Continued statewide efforts and a growing membership will translate to even greater success in the years to come.